

FEB 17 2004

Please place a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/756,428	
	Filing Date	January 8, 2001	
	First Named Inventor	Ola Johansson	
	Group Art Unit	3725	
	Examiner Name	Waymond D. Bray	
Total Number of Pages in This Submission	5	Attorney Docket Number	1174.064

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment /Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371 <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 DECLARATION	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		RECEIVED FEB 20 2004 TECHNOLOGY CENTER #3700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David D. Stein, Registration No. 40,828 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C.
Signature	<i>David D. Stein</i>
Date	FEBRUARY 11, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: February 11, 2004			
Type or printed name	Dawn M. Oleszak		
Signature	<i>Dawn M. Oleszak</i>	Date	Feb. 11, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002 Patent fees are subject to annual revision. RECEIVED FEB 20 2004		Complete if Known	
		Application Number	09/756,428
		Filing Date	January 8, 2001
		First Named Inventor	Ola Johansson
		Examiner Name	Waymond D. Bray
		Group Art Unit	3725
Attorney Docket No.		1174.064	
TOTAL AMOUNT OF PAYMENT		(\$1,480.00)	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES			
<input type="checkbox"/> Deposit Account				Large Entity Small Entity			
Deposit Account Number: 50-1170				Fee Fee Fee Fee			
Deposit Account Name: Boyle, Fredrickson, Newholm, Stein & Gratz S.C.				Fee Fee Fee Fee			
The Commissioner is authorized to: (check all that apply)				Fee Fee Fee Fee			
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				Fee Fee Fee Fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application				Fee Fee Fee Fee			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Fee Fee Fee			
FEE CALCULATION				Fee Fee Fee Fee			
1. BASIC FILING FEE				Fee Fee Fee Fee			
Large Entity Fee Code Fee (\$)				Fee Fee Fee Fee			
Small Entity Fee Code Fee (\$)				Fee Fee Fee Fee			
Fee Description				Fee Description			
Fee Paid				Fee Paid			
101 770 201 385 Utility filing fee 770.00				105 130 205 65 Surcharge - late filing fee or oath			
106 340 206 170 Design filing fee				127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
107 530 207 265 Plant filing fee				139 130 139 130 Non-English specification			
108 770 208 385 Reissue filing fee				147 2,520 147 2,520 For filing a request for <i>ex parte</i> reexamination			
114 160 214 80 Provisional filing fee				112 920* 112 920* Requesting publication of SIR prior to Examiner action			
SUBTOTAL (1) (\$0)				113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				115 110 215 55 Extension for reply within first month			
Total Claims -20**= X Fee from below = Fee Paid				116 420 216 210 Extension for reply within second month			
Independent Claims -3**= X Fee from below = Fee Paid				117 950 217 475 Extension for reply within third month			
Multiple Dependent				118 1,480 218 740 Extension for reply within fourth month 1,480.00			
Large Entity Fee Code Fee (\$)				128 2,010 228 1,005 Extension for reply within fifth month			
Small Entity Fee Code Fee (\$)				119 330 219 165 Notice of Appeal			
Fee Description				120 330 220 165 Filing a brief in support of an appeal			
103 18 203 9 Claims in excess of 20				121 290 221 145 Request for oral hearing			
102 86 202 43 Independent claims in excess of 3				138 1,510 138 1,510 Petition to institute a public use proceeding			
104 290 204 145 Multiple dependent claim, if not paid				140 110 240 55 Petition to revive - unavoidable			
109 86 209 43 **Reissue independent claims over original patent				141 1,330 241 665 Petition to revive - unintentional			
110 18 210 9 **Reissue claims in excess of 20 and over original patent				142 1,330 242 665 Utility issue fee (or reissue)			
SUBTOTAL (2) (\$0)				143 480 243 240 Design issue fee			
** or number previously paid, if greater; For Reissues, see above				144 640 244 320 Plant issue fee			
				122 130 122 130 Petitions to the Commissioner			
				123 50 123 50 Processing fee under 37 CFR 1.17(q)			
				126 180 126 180 Submission of Information Disclosure Stmt			
				581 40 581 40 Recording each patent assignment per property (times number of properties)			
				146 770 246 385 Filing a submission after final rejection (37 CFR § 1.129(a))			
				149 770 249 385 For each additional invention to be examined (37 CFR § 1.129(b))			
				179 770 279 385 Request for Continued Examination (RCE)			
				169 900 169 900 Request for expedited examination of a design application			
				Other fee (specify)			
				SUBTOTAL (3) (\$1,480.00)			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David D. Stein	Registration No. (Attorney/Agent)	40,828
Signature	<i>David D. Stein</i>	Telephone	414-225-9755
		Date	2/11/2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant commissioner for Patents, Washington, DC 20231.